

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-01772-A
2. NAME OF OPERATOR Aztec Oil and Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Drawer 520, Farmington, New Mexico	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120 FNL & 970 FEL, Section 13-29-10	8. FARM OR LEASE NAME Reid "A"
9. PERMIT NO.	9. WELL NO. #1
10. ELEVATION (Show whether at, to, or above)	10. FIELD AND POOL, OR WELLS Blanco Mesquite-Pueblo
11. SECTION, T., R., S., OR NEAR, AND SURVEY OF AREA Section 13-29-10	11. SEC. T., R., S., OR NEAR, AND SURVEY OF AREA
12. COUNTY OR PARISH	12. COUNTY OR PARISH
San Juan	New Mexico

Check appropriate box to indicate Nature of Notice, Report, or Other Data

NATURE OF INDICATION FOR:

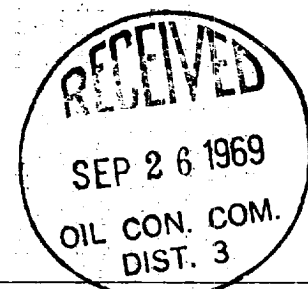
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1-7-69 Moved on workover unit. Ran choke to 2575. Hung up. Blowing well down.
1-8-69 Set choke 2400'. Laid down 2-3/8" blow line. Blew well down. Installed blowout preventor. Have 66 stands out of hole. Shut down for night.
1-9-69 Finished pulling out of hole. Found hole 3 jts off bottom. Redressed stinger. Started in hole to hydrotest. Shut down for night.
1-10-69 Finished hydrotest in hole. Replaced five joints with holes. Strung into packer, landed on top domit. Took off BOP. Nippled up well head. Pulled choke. Rig down.



I hereby certify that the foregoing is true and correct

SIGNED *M. C. Williams* TITLE District Superintendent DATE September 25, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side